

TRICARE Fundamentals Course

Module 1

Who We Are

Participant Guide

Module Objectives

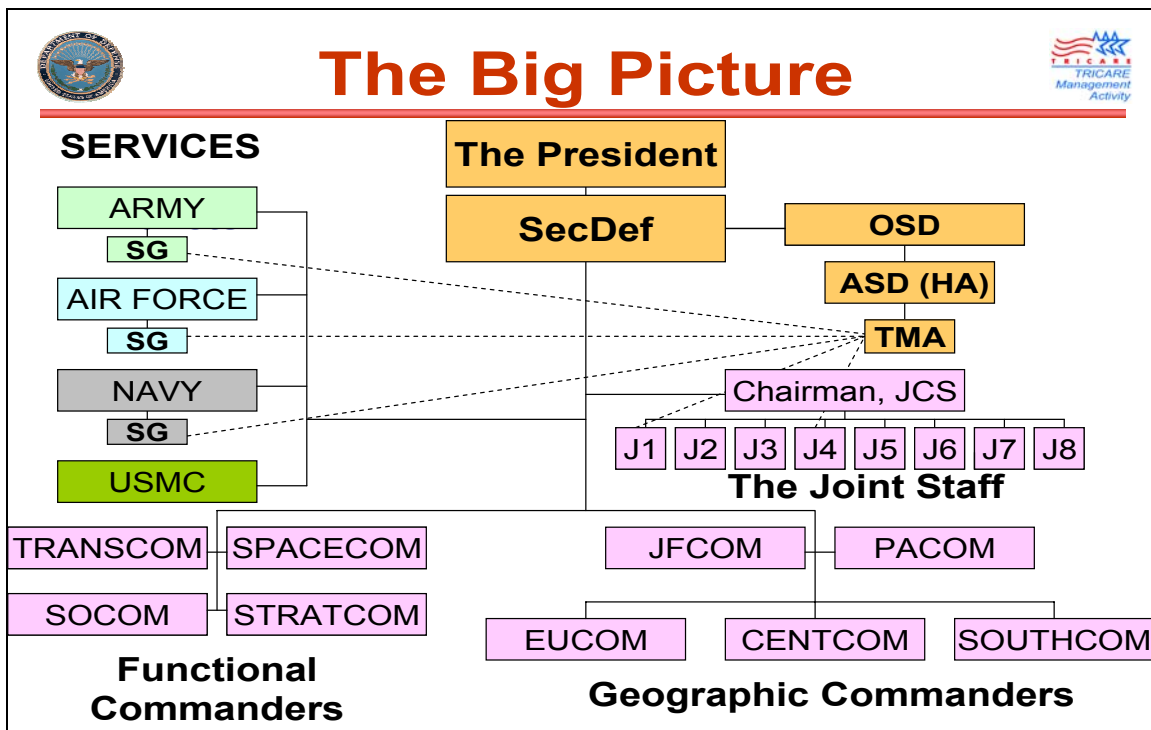


Module Objectives



- Understand the Military Health System's organization
- Identify the TRICARE regions
- Explain why TRICARE is transitioning to the next generation of contracts
- State the impact of the new TRICARE contracts on beneficiaries

Who We Are



The Military Health System (MHS) and responsibilities of the Assistant Secretary of Defense for Health Affairs (ASD/HA)

- The MHS is Department of Defense's (DoD's) fully integrated health care system (everything within the military system that is used to provide health care: medical personnel, facilities, programs, funding, and other resources).
- The ASD/HA provides corporate-level policy and oversight to execute DoD's health care mission.
- ASD/HA's mission: To enhance DoD's and the nation's security by providing health care support for the military operations and sustaining the health of those entrusted to our care.
- ASD/HA works with the Service Secretaries, TRICARE Management Activity (TMA), and the Surgeons General of the Military Departments to integrate MHS with DoD's medical mission.

The ASD/HA has selected 3 indicators of MHS performance:

1. Individual medical readiness—to ensure we have a fit and ready force
2. Satisfaction with telephone access—to indicate overall perceptions of access
3. Satisfaction with the health plan—to ensure overall satisfaction with TRICARE and encompasses the entire beneficiary experience with access to care, quality of care, timeliness and accuracy of claims processing, and general customer service

TMA

- Manages all financial matters of TRICARE
- Executes the policy issued by HA
- Oversees the DoD managed health care program for uniformed services beneficiaries and their families worldwide

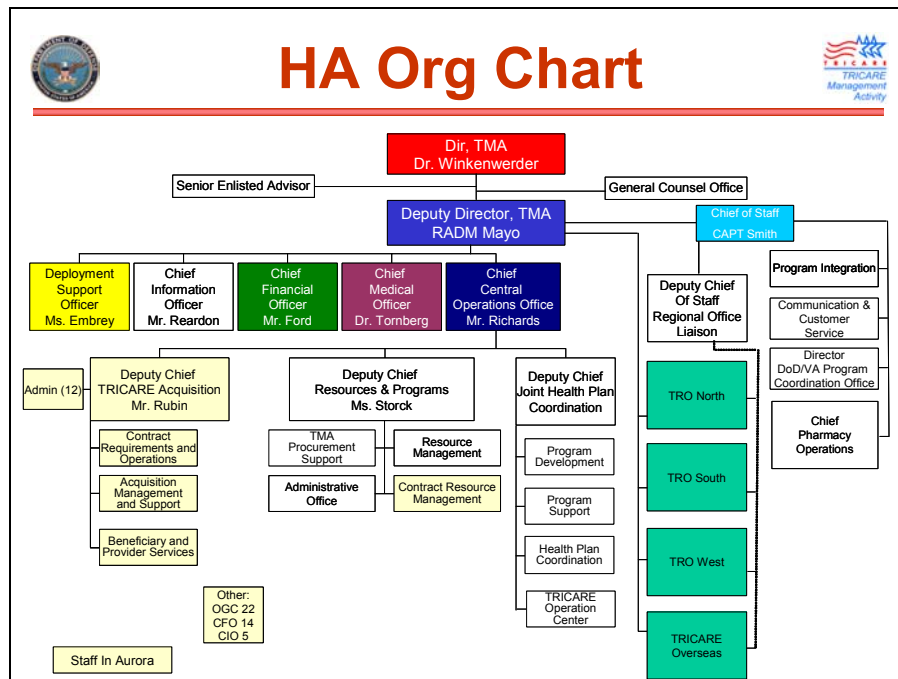
TRICARE

- TRICARE is the health care program for active duty members of the uniformed services and their families and other beneficiaries entitled to medical and dental care.
- TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors.
- TRICARE brings together the health care resources of the Army, Navy, Air Force, and Coast Guard and supplements them with networks of civilian health care professionals to provide better access and high-quality service while maintaining the capability to support military operations.

Uniformed Services

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- Public Health Service
- National Oceanic and Atmospheric Administration

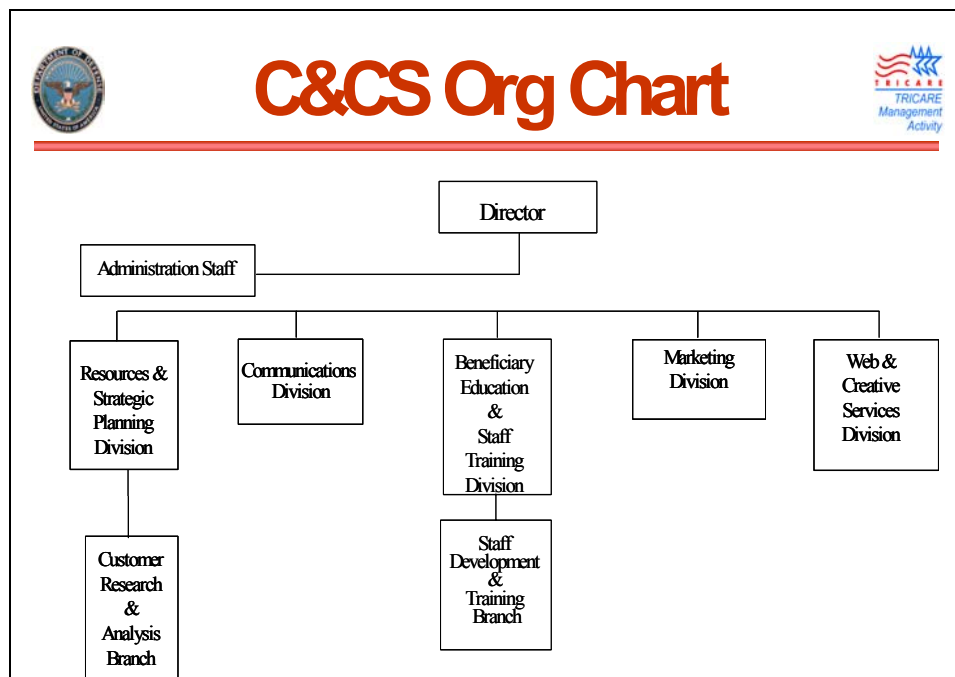
HA Org Chart



HA and TMA work in tandem

- HA and TMA reorganized in December 2003 to more effectively support the transformation of governance for TRICARE.
- For example:
 - The TMA Deputy Director is now responsible for managing daily operations and improving communications within TMA.
 - The newly formed TRICARE Regional Offices report directly to the TMA Deputy Director.
- The new office on Joint Health Plan Coordination serves as the focal point for new and special projects to ensure best joint practices in the MHS.
- Communication and Customer Service is realigned under HA to improve communications for all of the functions.
- Another reorganization example is the integration of the HA and TMA Web sites.

Communications and Customer Service



Communications Division

The Communications Division uses communications strategies to inform the beneficiary about TRICARE through news releases, fact sheets, the media readiness room, the news media, beneficiary associations, and communications professionals throughout the DoD and counterparts in managed care contractors.

Beneficiary Education and Staff Training Division

The Beneficiary Education and Staff Training Division (BEST) is TMA's liaison for Beneficiary Counseling and Assistance Coordinators (BCACs) and Debt Collection Assistant Officers (DCAOs) at regional offices and military treatment facilities. BEST hosts the annual TRICARE Conference, manages the worldwide call center, and writes and updates the frequently asked questions. Within BEST, the Staff Development and Training Branch (SD&T) identifies MHS beneficiary contact staff training requirements, develops and delivers courses to ensure a well-informed staff.

Marketing Division

The Marketing Division ensures beneficiaries; providers and other stakeholders receive marketing and education materials such as brochures, beneficiary handbooks, and posters.

The Web and Creative Services Division

The Web and Creative Services manages the TRICARE Web site, writes the annual TRICARE Stakeholders Report, and responds to Congressional inquiries.

The Next Generation of TRICARE Contracts

The existing TRICARE contracts:

- Have 7 managed care support contractors (MCSC) for the 11 U.S. regions.
- Are expiring.
- Are operating under non-renewable extensions.

TRICARE Vision


- Provide a world-class uniformed services health benefit at a reasonable price
- Provide customer service at the highest achievable level
- Achieve continuous improvement in the health status of our beneficiaries
- Support readiness

TRICARE Goals


- Promote quality and customer satisfaction
- Improve operating efficiencies and cost predictability
- Build on TRICARE successes
- Adopt industry best practices—improve TRICARE while maintaining basic benefit structure

We will achieve these goals by doing the following:

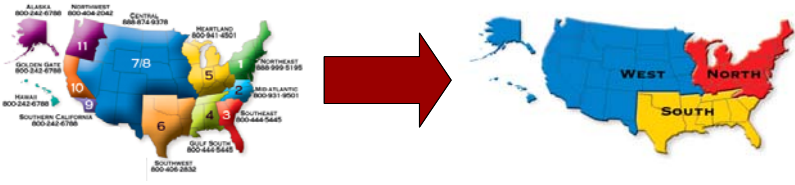
- Transitioning from 11 regions to 3 in the United States only
- Going from 7 to 3 managed care support contracts (U.S. only)




3 Regions & 3 Contractors




We are moving from 11 regions and 7 contractors, to 3 regions and 3 contractors resulting in better customer service, improved portability and access to quality health care.





TRICARE Regions



● Multi-Services Market Areas
★ TRICARE Regional Offices



North
South
West

Legend:

- North: Red
- South: Yellow
- West: Blue

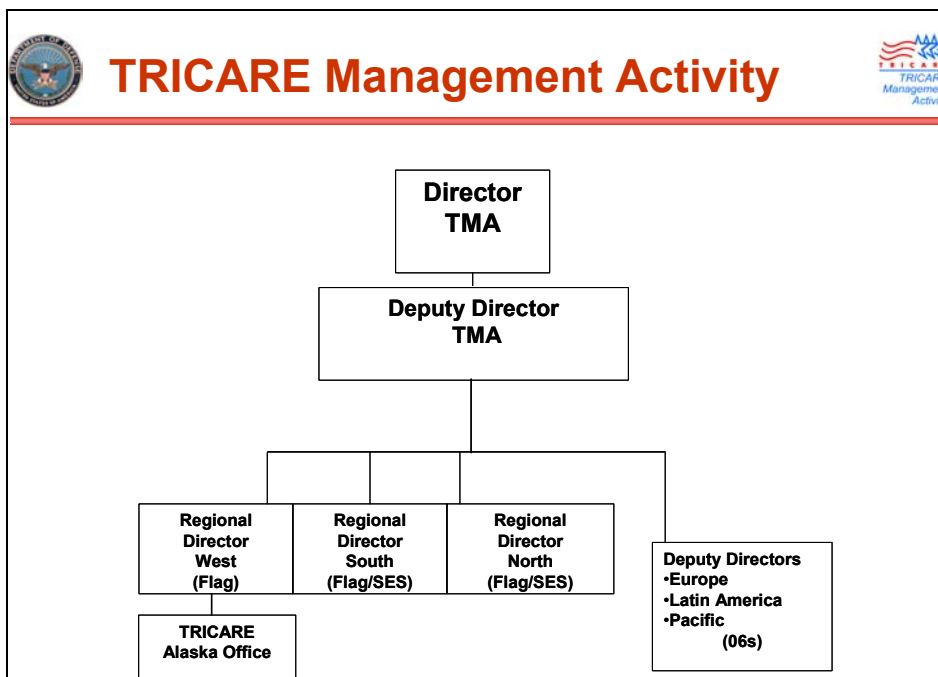
Market Areas and Regional Offices:

- West (Blue):** Puget Sound, San Diego, CA, Fairbanks, Anchorage, Hawaii.
- North (Red):** National Capital Region, Washington, DC, Tidewater, Fort Bragg, Pope AFB.
- South (Yellow):** Fort Jackson, Shaw AFB, Charleston Naval Hospital AFB Clinic, San Antonio, TX, Mississippi Delta.

 Summary of New TRICARE Contracts 		
Contract	Status	Start Date
Mail Order Pharmacy	Awarded to Express Scripts, Inc.	March 03
Retiree Dental	Awarded to Delta Dental Plan	May 03
Designated Provider	Awarded to: Martin's Point Health Care, Brighton Marine Health Center, St. Vincent Catholic Medical Centers of New York, Johns Hopkins Medical Services Corporation, CHRISTUS Health, and Pacific Medical Clinics	Jun 03
Overseas Remote	Awarded to International SOS Assistance, Inc.	Sep 03
Marketing/Education Materials	Awarded to CACI, Inc., Federal	Oct 03
TRICARE Information Services	Awarded to CACI International, Inc.	Dec 03
Retail Pharmacy	Awarded to Express Scripts, Inc.	Jun 04
National Quality Monitoring	Awarded to Maximus, Inc.	May 04
Claims Processing for Medicare Eligible Beneficiaries	Awarded to Wisconsin Physicians Service Insurance Corporation	Estimated Apr – Nov 04
Health Care Services and Support	Awarded to Health Net, TriWest, and Humana	Estimated Jun – Nov 04

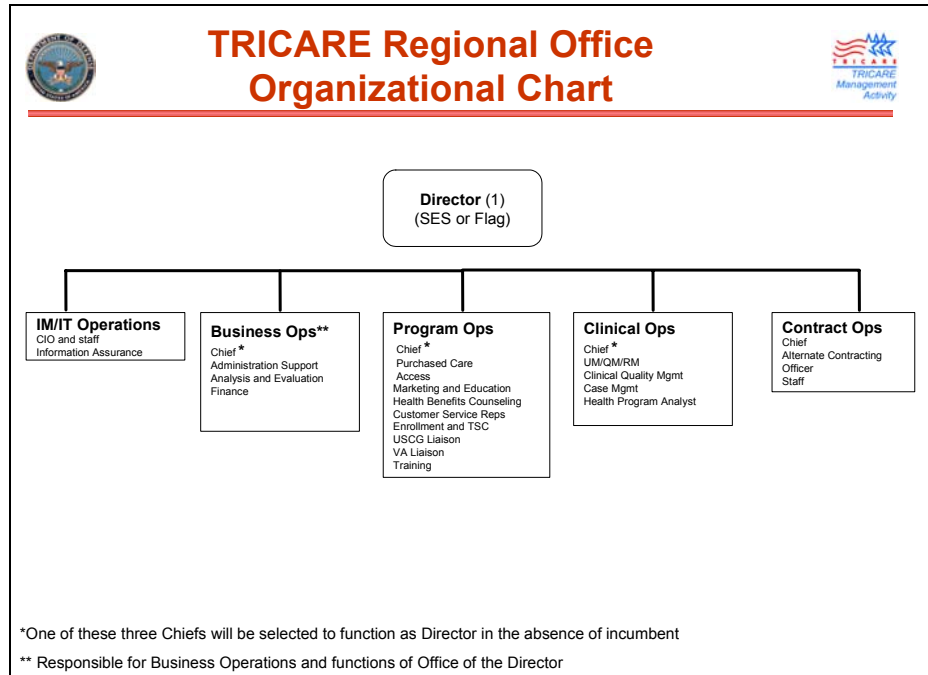
Contractors are being given incentives to provide top performance in:

- Quality medical outcomes
- Telephone access
- Claims payment
- Beneficiary, military treatment facility (MTF) Commander, and Regional Director satisfaction
- Cost control



TRICARE Regional Office

The TRICARE program organizes the MHS into geographic health services regions, each administered by a TRICARE Regional Office Director.



Regional Director

- Manage the managed care support contracts for all eligible MHS beneficiaries in the region
- Support the MTF Commanders in their efforts to optimize health care services in the MTFs
- Develop business plans for non-MTF areas (e.g. remote areas)
- Fund regional initiatives to optimize and improve delivery of health care

Senior Market Manager

- Applies to the MTF commander designated by the Surgeons General to be the market manager for each of the 13 multi-service markets
- Leads a collaborative process to develop a consolidated business plan for the market and to jointly work resource issues
 - Single integrated business plan to include plans for appointing services, resource sharing, optimization initiatives, and DoD/VA sharing opportunities
- Makes recommendations concerning short-term operational decisions

MTF Commanders

- Develop and submit the business plan for their market (e.g. 40 mile catchment area)
- Develop and implement joint programs in multiple service market areas
- Identify and develop sharing initiatives with the Veterans Health Administration
- Manage the care of all MTF Prime enrollees under revised financing
- Support and participate in regional activities as requested

Beneficiary Counseling and Assistance Coordinator (BCAC)

- Provides assistance for eligible TRICARE beneficiaries regarding military entitlements for medical and dental care.
- Serves at each TRICARE Regional Office and MTF.
- Works closely with the managed care support contractor staff.
- Advocates for beneficiaries in resolving problems. Improves customer service and satisfaction, enhances beneficiary education, and reduces congressional inquiries from beneficiaries.
- The BCAC directory is available on the TRICARE Web site – www.tricare.osd.mil/BCACDirectory.htm
- DODI Number 6015.23 – www.dtic.mil/whs/directives/corres/pdf/i601523_103002/i601523p.pdf

Debt Collection Assistance Officer (DCAO)

- Serves at each TRICARE Regional Office and MTF.
- Becomes involved when beneficiary notified of collection action.
- Assists beneficiaries in confirming the validity of collection claims and negative credit reports incurred from medical and dental care under the TRICARE program.
- Takes all measures necessary to resolve pertinent issues.
- DCAO directory available on TRICARE Web site – www.tricare.osd.mil/DCAODirectory.htm
- DCAO Training Manual – www.ccscallcenter.net/usermanual.pdf

BCAC and DCAO Portal

- The portal was developed because TMA saw that a number of beneficiaries were going into debt collection
- Most common reasons why beneficiaries wind up going into debt collection
 - Claim was never filed because active duty service member did not think it was necessary to file a claim
 - Claim was filed incorrectly
 - Provider charged more than TRICARE allowable charge
 - Preauthorization was not obtained
 - Non-covered services
 - Point of service charges
- The BCAC should enter as much documentation about the case into the portal as possible because it may become a DCAO case
 - If the case has not been entered into the portal then the DCAO should do so
 - If the BCAC has entered the case into the portal the DCAO should enter the outstanding pieces of data
- By entering cases that may go or have gone to collection TMA can perform statistical analysis
 - TMA tracks the number of cases to identify which regions the cases are coming from and which beneficiary categories are having cases
 - By identifying trends TMA can work with the Services, TRICARE Regional Offices, and MTFs to educate beneficiaries how to stay out of debt collection
- To request access to the BCAC and DCAO Portal
 - Contact the TRICARE Regional Office BCAC or DCAO
 - Explain that as an MTF BCAC or DCAO the need to access the portal
 - The TRICARE Regional Office BCAC or DCAO will contact TMA with the request
 - TMA will send instructions for accessing the portal to the MTF BCAC or DCAO

Other Roles within the TRICARE Regional Office include the following:

- Medical Director (referrals, UM/QM/CM)
- Managed Care Director (networks, marketing, BCAC, DCAO)
- Business or Finance Director (Resource Sharing/Support, Bid Price Adjustment analysis)
- Contracting Director (surveillance, deficiencies)
- Operations Director (TRICARE Prime Remote, Reserve component issues)
- Information Management Director (DEERS, CHCS, and so forth.)

The 3 Managed Care Support Contractors

- Each of the regions in the United States has an MCSC.
- MCSC's role is to help support and augment the services available at MTFs by developing a network of civilian hospitals and providers to meet the health care needs of TRICARE beneficiaries.
- The MCSCs perform varied functions at the regional level, including the following:
 - Establishing and maintaining the TRICARE Prime provider network
 - Establishing and maintaining a retail pharmacy network
(*Note:* Under the next generation of TRICARE contracts, which is discussed later in this module, retail pharmacies will be consolidated under one national contract.)
 - Delivering customer service
 - Operating TRICARE Service Centers (TSCs)
 - Providing administrative support such as enrollment, disenrollment, and claims processing
 - Providing communications and educational information to beneficiaries and providers
 - Operating beneficiary information lines
 - Managing the referral function
 - Maintain quality and disease management programs. Perform utilization and medical review for referrals to the network according to best business process

The Role the TRICARE Service Centers Serve

- The TSC, staffed with beneficiary service representatives, provides the following to beneficiaries:
 - TRICARE benefit interpretation
 - TRICARE Prime enrollment form receipt
 - Primary care manager selection and change form receipt
 - Claims status and claims resolution
 - Program and eligibility information
 - TRICARE network providers and pharmacies lists
 - Fraud reporting
- Many TSCs are collocated within an MTF, although some are freestanding on military installations and in the community.
- There will be a virtual TSC that is Web-based and will perform the same functions as an MTF-based TSC
- To locate a TSC, go to www.tricare.osd.mil/tricare-servicecenters/default.cfm.

Remember that both MCSCs and TRICARE Regional Offices receive overall guidance from the TMA.

Outcomes of the new TRICARE contracts on beneficiaries:

- Simplify some of the current TRICARE program complexities
- Foster customer satisfaction
- Focus on access to care
- Deliver high-quality health care services
- Develop a transition plan that minimizes disruptions to beneficiaries
- Portable benefits from region to region
- Simplify the administrative process for beneficiaries and providers


Staying current allows beneficiary counselors to provide frontline customer service to TRICARE beneficiaries. Remember, our mission is to ensure beneficiaries have:

- Access to necessary information to make appropriate healthcare decisions
- By sharing timely information and resources to facilitate as smooth a transition as possible to the next generation of TRICARE contracts.


Changes will occur based on responses learned from the previous contracts. How to stay current on changes to TRICARE:

- Review TRICARE Web site—www.tricare.osd.mil
 - Subscribe at—www.tricare.osd.mil/subscription
- Read Fact Sheets—www.tricare.osd.mil/factsheets/index.cfm
 - Subscribe at—www.tricare.osd.mil/factsheets/mail/mailesub.cfm
- Read TRICARE Media Readiness Room—www.tricare.osd.mil/media/default.cfm
 - Subscribe at—www.tricare.osd.mil/media/mail/mrrsub.cfm
- Read Evening Edition News—www.tricare.osd.mil/eenews/
 - Subscribe at—www.tricare.osd.mil/eenews/mail/eensub.cfm
- Review TRICARE Contracts Toolkit—www.tricare.osd.mil/contractstoolkit/

The briefings in the TRICARE Contracts Toolkit are available for use to present to MTF staff and beneficiary groups.



How to Use



- **Localize briefing and present to MTF staff**
- **Create contact resource list to share**
- **Use FAQs to ensure in synch with other information resources**

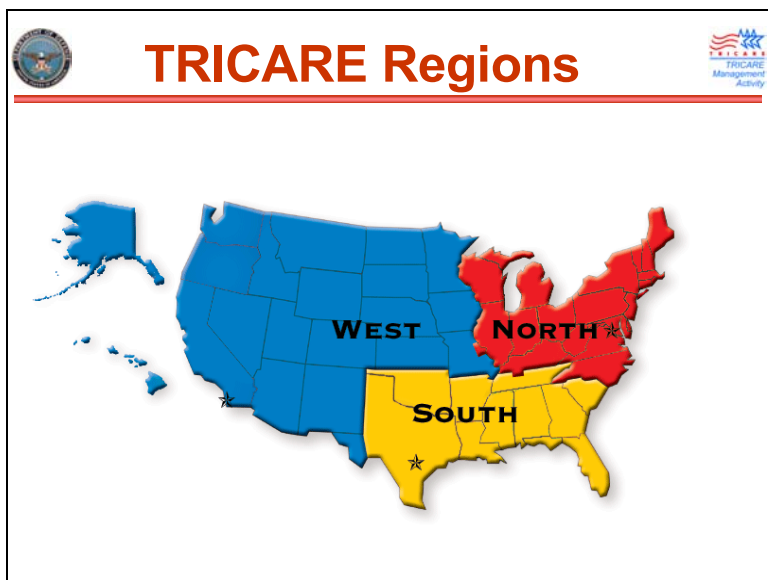
What does not change with the implementation of the next generation of TRICARE contracts?

- TRICARE benefit package
- MTFs remain at the core of our system
- Primary care manager (PCM) concept along with referrals requirement
- TRICARE Prime Remote program
- Appeals/program integrity/recoupment requirements remain essentially the same
- Certification standards for TRICARE-authorized providers
- MTF partnership to ensure balanced workloads—MTF retains the right of first refusal for referrals
- Network access standards
- Claims timeliness and accuracy standards
- Balance billing practices
- Annual TRICARE Prime enrollment
- TRICARE Service Centers on bases/posts in catchment areas along with the HCF concept
- Cost for deductibles, enrollment fees, copayments, catastrophic caps, and cost shares

Timeline

New Regions	Current Regions	Start of Health Care
North	Regions 2 & 5	July 1, 2004
	Region 1	September 1, 2004
South	Region 6	November 1, 2004
	Regions 3 & 4	August 1, 2004
West	Region 11	June 1, 2004
	Regions 9, 10, & 12	July 1, 2004
	Central Region	October 1, 2004

Regions in the United States



West

West comprises Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (except the Rock Island Arsenal area), Kansas, Minnesota, Missouri (except the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner including El Paso only), Utah, Washington, and Wyoming

TriWest Healthcare Alliance	
Toll-free Phone	1-888-874-9378 (1-888-TRIWEST)
Web site	www.triwest.com
Claims Mailing Address	West Region Claims, P.O. Box 77028, Madison, WI 53707-7028
Toll-free Phone for Claims	1-888-874-9378
Claims Web site	www.tricare4u.com
TRICARE Regional Office Web site	

North

North comprises Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin, and portions of Tennessee (Ft. Campbell area), Iowa (Rock Island Arsenal area), and Missouri (St. Louis area)

Health Net Federal Services, Inc.	
Toll-free Phone	1-877-874-2273 (1-877-TRICARE)
Web site	www.healthnetfederalservices.com
Claims Mailing Address	Health Net Federal Services, Inc. c/o PGBA, LLC/TRICARE P.O. Box 870140, Surfside Beach, SC 29587-9740
Toll-free Phone for Claims	1-800-930-2929
Claims Web site	www.mytricare.com
TRICARE Regional Office Web site	

South

South comprises Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (except the Ft. Campbell area), and Texas (except the southwestern corner including El Paso)

Humana Military Healthcare Services	
Toll-free Phone	1-800-444-5445
Web site	www.humana-military.com
Claims Mailing Address	TRICARE South Region, Claims Department P.O. Box 7031, Camden, SC 29020-7031
Toll-free Phone for Claims	1-800-403-3950
Claims Web site	www.mytricare.com
TRICARE Regional Office Web site	



Region 1 (Northeast):

Region 1 comprises Maine; New Hampshire; Vermont; Massachusetts; Connecticut; Rhode Island; Delaware; Maryland; New Jersey; New York; Pennsylvania; the District of Columbia; Northern Virginia ZIP codes located near Washington, DC; and part of West Virginia.

Region 1 transitions to the new TRICARE contract on Sept. 1, 2004. All claims with dates of service prior to or on Aug. 31, 2004 should continue to be sent to Sierra Military Healthcare Services/PGBA.

Sierra Military Healthcare Services	
Toll-free Phone	1-888-999-5195
Web site	www.sierramilitary.com
Claims Mailing Address	PGBA, P.O. Box 7011, Camden, SC 29020-7011
Toll-free Phone for Claims	1-800-578-1294
Claims Web site	www.mytricare.com
Lead Agent Web site	http://tricarene.army.mil/

Region 2 (Mid-Atlantic):

Region 2 comprises North Carolina and most of Virginia.

Region 2 transitions to the new TRICARE contract on July. 1, 2004. All claims with dates of service prior to or on June 30, 2004 should continue to be sent to Humana Military Healthcare Services/PGBA.

Humana Military Healthcare Services	
Toll-free Phone	1-800-931-9501
Web site	www.humana-military.com/region2and5/home.htm
Claims Mailing Address	PGBA, P.O. Box 7021, Camden, SC 29020-7021
Toll-free Phone for Claims	1-800-493-1613
Claims Web site	www.mytricare.com
Lead Agent Web site	www.tma.med.navy.mil

Region 3 (Southeast):

Region 3 comprises most of Florida, Georgia, and South Carolina.

Region 3 transitions to the new TRICARE contract on Aug. 1, 2004. Since the claims processor remains the same, beneficiaries should continue to submit claims to as they do today.

Humana Military Healthcare Services	
Toll-free Phone	1-800-444-5445 (Beneficiary Services)
Web site	www.humana-military.com
Claims Mailing Addresses Resource Sharing Mental Health Active Duty Program for Persons With Disabilities (PFPWD) Adjunctive Dental All Other Claims	PGBA, P.O. Box 7033, Camden, SC 29020-7033 PGBA, P.O. Box 7034, Camden, SC 29020-7034 PGBA, P.O. Box 7031, Camden, SC 29020-7031 PGBA, P.O. Box 7036, Camden, SC 29020-7036 PGBA, P.O. Box 7037, Camden, SC 29020-7037 PGBA, P.O. Box 7031, Camden, SC 29020-7031
Toll-free Phone for Claims	1-800-403-3950
Claims Web site	www.mytricare.com
Lead Agent Web site	http://tricare3.army.mil/indexReg3.htm

Region 4 (Gulf South):

Region 4 comprises Alabama; Tennessee; Mississippi; the eastern third of Louisiana that includes New Orleans and Baton Rouge; the Florida panhandle; and a small part of Northeastern Arkansas in the Branch Medical Clinic, Millington, Tennessee service area.

Region 4 transitions to the new TRICARE contract on Aug. 1, 2004. Since the claims processor remains the same, beneficiaries should continue to submit claims to as they do today.

Humana Military Healthcare Services	
Toll-free Phone	1-800-444-5445 (Beneficiary Services) 1-800-333-4040 (Health care Finder)
Web site	www.humana-military.com
Claims Mailing Addresses Resource Sharing Mental Health Active Duty PFPWD Adjunctive Dental All Other Claims	PGBA, P.O. Box 7033, Camden, SC 29020-7033 PGBA, P.O. Box 7034, Camden, SC 29020-7034 PGBA, P.O. Box 7035, Camden, SC 29020-7035 PGBA, P.O. Box 7036, Camden, SC 29020-7036 PGBA, P.O. Box 7037, Camden, SC 29020-7037 PGBA, P.O. Box 7031, Camden, SC 29020-7031
Toll-free Phone for Claims	1-800-403-3950
Claims Web site	www.mytricare.com
Lead Agent Web site	http://region4.tricare.osd.mil

Region 5 (Heartland):

Region 5 comprises Michigan; Wisconsin; Illinois; Indiana; Iowa ZIP codes adjacent to Rock Island Arsenal; Ohio; Kentucky; a small part of Tennessee; the St. Louis, Missouri area; and most of West Virginia.

Region 5 transitions to the new TRICARE contract on July 1, 2004. All claims with dates of service prior to or on June 30, 2004 should continue to be sent to Humana Military Healthcare Services/PGBA.

Humana Military Healthcare Services	
Toll-free Phone	1-800-941-4501
Web site	www.humana-military.com/region2and5/home.htm
Claims Mailing Address	PGBA, P.O. Box 7021, Camden, SC 29020-7021
Toll-free Phone for Claims	1-800-493-1613
Claims Web site	www.mytricare.com
Lead Agent Web site	http://dodr5www.wpafb.af.mil

Region 6 (Southwest):

Region 6 comprises Oklahoma; most of Arkansas; most of Texas except for a triangular southwestern section that includes El Paso; and roughly the western two-thirds of Louisiana, generally west of Baton Rouge.

Region 6 transitions to the new TRICARE contract on Nov. 1, 2004. All claims with dates of service prior to or on Oct. 31, 2004 should continue to be sent to Health Net Federal Services/WPS.

Health Net Federal Services	
Toll-free Phone	1-800-406-2832
Web site	www.healthnetfederalservices.com
Claims Mailing Address	WPS, P.O. Box 8999, Madison, WI 53708-8999
Toll-free Phone for Claims	1-800-406-2832
Lead Agent Web site	www.tricaresw.af.mil

Region 7/8 (Central):

The Central Region comprises Arizona; New Mexico; Colorado; Wyoming; Utah; Montana; Nevada; North and South Dakota; Kansas; Nebraska; Minnesota; Iowa except a small part near the Rock Island Arsenal; most of Idaho except for six counties in Northern Idaho; that piece of southwestern Texas that includes El Paso, and Missouri except for the St. Louis area.

Central Region transitions to the new TRICARE contract on Oct. 1, 2004. All claims with dates of service prior to Oct. 1, 2004 should continue to be sent to PGBA.

TriWest Healthcare Alliance	
Toll-free Phone	1-888-874-9378
Web site	www.triwest.com
Claims Mailing Addresses	
Arizona	PGBA, P.O. Box 870026, Surfside Beach, SC 29587-8726
New Mexico	PGBA, P.O. Box 870032, Surfside Beach, SC 29587-8732
Colorado	PGBA, P.O. Box 870027, Surfside Beach, SC 29587-8727
Wyoming	PGBA, P.O. Box 870126, Surfside Beach, SC 29587-9726
Montana	PGBA, P.O. Box 870127, Surfside Beach, SC 29587-9727
Minnesota	PGBA, P.O. Box 870129, Surfside Beach, SC 29587-9729
Iowa	PGBA, P.O. Box 870029, Surfside Beach, SC 29587-8729
Kansas	PGBA, P.O. Box 870030, Surfside Beach, SC 29587-8730
Missouri	PGBA, P.O. Box 870130, Surfside Beach, SC 29587-9730
Nebraska	PGBA, P.O. Box 870128, Surfside Beach, SC 29587-9728
Nevada	PGBA, P.O. Box 870033, Surfside Beach, SC 29587-8733
North Dakota	PGBA, P.O. Box 870031, Surfside Beach, SC 29587-8731
South Dakota	PGBA, P.O. Box 870131, Surfside Beach, SC 29587-9731
Utah	PGBA, P.O. Box 870132, Surfside Beach, SC 29587-9732
Southwest Texas	PGBA, P.O. Box 870133, Surfside Beach, SC 29587-9733
Most of Idaho	PGBA, P.O. Box 870028, Surfside Beach, SC 29587-8728
Toll-free Phone for Claims	1-800-225-4816
Claims Web site	www.mytricare.com
Lead Agent Web site	www.tricarecr.carson.army.mil

Regions 9 & 10 (Southern California and Golden Gate):

Regions 9 & 10 comprises California and the Yuma, Arizona area.

Regions 9 & 10 transition to the new TRICARE contract on July. 1, 2004. All claims with dates of service prior to or on June 30, 2004 should continue to be sent to Health Net Federal Services/PGBA.

Health Net Federal Services	
Toll-free Phone	1-800-242-6788
Web site	www.healthnetfederalservices.com
Claims Mailing Address	PGBA, P.O. Box 870001, Surfside Beach, SC 29587-8701
Toll-free Phone for Claims	1-800-930-2929
Claims Web site	www.mytricare.com
Lead Agent Web site (Region 9)	www.reg9.med.navy.mil
Lead Agent Web site (Region 10)	www.tricareregion10.org

Region 11 (Northwest):

Region 11 comprises Alaska; Washington; Oregon; and the following six counties in Northern Idaho: Benewah, Bonner, Boundary, Kootenai, Latah, and Shoshone.

Region 11 transitions to the new TRICARE contract on June 1, 2004. All claims with dates of service prior to June 1, 2004 should continue to be sent to Health Net Federal Services/WPS.

Health Net Federal Services	
Toll-free Phone	1-800- 404-2042
Web site	www.healthnetfederalservices.com
Claims Mailing Address	WPS, P.O. Box 8929, Madison, WI 53708-8929
Toll-free Phone for Claims	1-800-404-0110
Lead Agent Web site	http://tricarenw.mamc.amedd.army.mil
Alaska only	
Toll-free Phone	1-800- 242-6788
Web site	www.healthnetfederalservices.com
Claims Mailing Addresses	PGBA/TRICARE, PO Box 870006, Surfside Beach, SC 29587-8706
Active duty claims	PGBA/TRICARE, PO Box 870001, Surfside Beach, SC 29587-8701
All other claims	
Toll-free Phone for Claims	1-800- 930-2929
Lead Agent Web site	http://tricarenw.mamc.amedd.army.mil

*Health Net Federal Services provides administrative services in Alaska, but does not conduct all of the same MCSC functions in Alaska as it does in the other regions.

Region 12 (Hawaii): Region 12 includes Hawaii.

Region 12 transitions to the new TRICARE contract on July 1, 2004. All claims with dates of service prior to or on June 30, 2004 should continue to be sent to Health Net Federal Services/PGBA.

Health Net Federal Services	
Toll-free Phone	1-800-242-6788
MCSC Web site	www.healthnetfederalservices.com/
Claims Mailing Addresses	PGBA, P.O. Box 870001, Surfside Beach, SC 29587-8701
Toll-free Phone for Claims	1-800-930-2929
Claims Web site	www.mytricare.com
Lead Agent Web site	http://tricare-pac.tamc.amedd.army.mil

Overseas Regions

- The three other overseas regions are TRICARE Europe, TRICARE Latin America/Canada, and TRICARE Pacific:
 - TRICARE Europe consists of 120 countries over 3 continents and 11 time zones.
- Lead Agents rather than a managed care support contractor manage the TRICARE Overseas Program.

Region 13 (TRICARE Europe), Region 14 (TRICARE Pacific), and Region 15 (TRICARE /Canada/Latin America):

Region 13 comprises Europe, Africa, and the Middle East.


Region 14 comprises the Western Pacific/Far East, which includes China, Thailand, Korea, Australia, Japan, and so forth.

Region 15 comprises Canada, the Caribbean, and Central and South America.


The information below will assist with claims processing. Also listed is a toll-free number to contact the overseas regional offices.

Overseas Toll-free Phone	1-888-777-8343
Claims Mailing Address Regions 14 and 15	WPS, P.O. Box 7985, Madison, WI, USA 53707-7985
Claims Mailing Address Region 13	Active Duty: WPS—Active Duty Claims, P.O. Box 7968, Madison, WI, USA 53707-7968 Active duty family members: WPS, P.O. Box 8976, Madison, WI, USA 53708-8976
Commercial Phone for Claims Region 15	1-608-224-2728
Commercial Phone for Claims Regions 13 and 14	1-608-224-2727
Lead Agent Web site (Region 13—Europe)	www.europe.tricare.osd.mil
Lead Agent Web site (Region 14—Pacific)	http://tricare-pac.tamc.amedd.army.mil/
Lead Agent Web site (Region 15—Canada/Latin America)	http://tricare15.army.mil/indexReg15.htm

Summary



Module Objectives



- Understand the components of the Military Health System
- Identify the TRICARE regions
- Explain why TRICARE is transitioning to the next generation of contracts
- State the impact of the new TRICARE contracts on beneficiaries

Roles and Responsibilities of Debt Collection Assistance Officers

As per DCAO Training Guide, July 2000

The Under Secretary of Defense (P&R) has mandated establishment of Debt Collection Assistance Officers (DCAOs) at each Lead Agent and Military Treatment Facility by 26 July 2000. DCAOs will assist beneficiaries in determining the validity of collection agent claims/negative credit reports received for debts incurred as a result of medical/dental care under the TRICARE Program, and will take all measures necessary to resolve the issues presented. As such, DCAO responsibilities include:

- Responsibility for casework and resolution for all cases presented.
- Assisting the beneficiary to obtain a determination as to whether or not the basis for the underlying alleged debt or collection notice is valid, in whole or part, when the beneficiary presents documentation from a provider or collection agency for services rendered to the beneficiary. DCAOs will transmit documentation to the MCSC or dental contractor collections unit within 1 working day of receipt from beneficiary. (NOTE: debt collection issues that have not been forwarded to a collection agency will be referred to the regional/MTF BCAC).
- Collecting copies of all pertinent documentation available from the beneficiary concerning the case; i.e., provider bills and notices, TRICARE Explanations of Benefits, letters from providers/credit reporting agencies etc.
- Obtaining a Privacy Act Notice and advertisement from the beneficiary to maintain information regarding the assistance offered by the DCAO.
- Assigning case numbers and forwarding copies of beneficiary documentation to the Managed Care Support Contractor's (MCSC) Priority Collections Unit in the region service was rendered (or appropriate Dental Collection Unit), for expedited investigation.
- Notifying, by telephone or in writing, provider(s) and collection or credit reporting agency(ies) that the beneficiaries' case is being reviewed by the MCSC.
- Tracking the timeframe for case resolution.
- Preparing and forwarding case completion letter to the beneficiary upon receiving written determination of the investigation outcome. If applicable, the DCAO will confirm, within 30 days of case resolution, that provider/beneficiary has received payment.
- Providing written guidance on further action available to the beneficiary when appropriate, i.e., contact numbers for local JAG offices, Family Support Centers, Ombudsmen, and financial assistance resources such as Service-specific relief organizations. Additionally, providing the beneficiary a fact sheet explaining the beneficiary's rights under the Fair Debt Collection Practices Act.

- Maintaining a database of cases prescribed/designed by TMA to include:
 - Sponsor's name, SSN, address, contact phone numbers, e-mail address.
 - Patients name and relationship to the sponsor.
 - Brief summary of issue presented.
 - Date case received.
 - Date case forwarded to MCS.
 - Date investigation results received from MCSC.
 - Date beneficiary notified of outcome.
 - Course of further action, if appropriate.
- Submitting "balanced billing" cases to TMA Office of Program Integrity.
- Reporting Requirements a/o 4 Sep 02:
 - The Office of Communication and Customer Service (Beneficiary Education) launched a cutting edge tracking tool in September, 2001 for the management of DCAO case workload. The creation of this application voided the requirement for monthly reporting at all levels. TMA maintains the database and provides assistance, as needed, to the field for operability and functionality purposes.
 - Debt Collection Assistance Officers will enter validated debt collection cases into the Debt Collection Officer Web Portal (www.ccscallcenter.net) as cases are presented. (Specific procedures are listed in the Debt Collection Assistance Officer Training Guide located in the portal.)
 - Predesigned reports are available for review via the web-portal by MTF DCAOs, Lead Agent DCAOs, and designated service representatives. (Note: The level of access granted determines the actual amount of tabular/global data a DCAO can obtain.)

DODI 6015.23, October 30, 2002

E2. ENCLOSURE 2

ROLES AND RESPONSIBILITIES FOR BENEFICIARY COUNSELING AND ASSISTANCE COORDINATORS (BCACs)

E2.1. GENERAL ROLES

As developed between the Services and TMA, BCACs shall carry out their responsibilities and fulfill their generalized roles to:

E2.1.1. Serve as beneficiary advocates and problem solvers, providing dedicated service to all MHS beneficiaries.

E2.1.2. Receive inquiries directly from beneficiaries, the DoD Components, other Agencies, and various interested parties.

E2.1.3. Coordinate with appropriate points of contact throughout the MHS, including Managed Care Support Contractor (MCSC) points of contact, to best meet beneficiary needs for information or assistance.

E2.1.4. Help resolve issues by openly communicating with all involved parties.

E2.1.5. Ensure TRICARE information and assistance with accessing healthcare services is available across the TRICARE system for eligible beneficiaries.

E2.1.6. Help beneficiaries resolve concerns when they are not satisfied with services from other parties.

E2.1.7. Counsel beneficiaries and clarify information on their TRICARE benefit (including such options as TRICARE Prime Remote, TRICARE For Life, Dental Programs, and other Demonstrations/ Projects, etc.) and consult with others as necessary.

E2.1.8. Work with functional experts to provide enrollment, beneficiary counseling, and claims processing information. BCACs shall describe or seek clarification on eligibility requirements and benefits based on the category of beneficiary seeking assistance.

E2.1.9. Respond, as directed, to beneficiary, provider, and congressional inquiries on TRICARE matters.

E2.1.10. Address access to healthcare complaints, ensuring that beneficiaries get the appropriate benefits and services to which they are entitled.

E2.2. OPERATIONAL ACTIVITIES

E2.2.1. Lead Agent BCACs shall:

E2.2.1.1. Be responsible for working beneficiary issues that cross regional boundaries.

E2.2.1.2. Disseminate current and correct information on TRICARE regulations and policies to MTF BCACs as needed to facilitate MTF BCACs' ability to perform their jobs.

E2.2.1.3. Act as liaisons to resolve issues with MTF BCACs, MCSCs, Fiscal Intermediaries, the Services, and other concerned parties, when such issues are not resolved at the local level.

E2.2.2. BCACs shall:

E2.2.2.1. Follow-up on and troubleshoot problems beneficiaries have processing claims, enrolling in programs, and receiving authorization for services or other system problems that are exceedingly complicated, unduly delayed, or inappropriately handled.

E2.2.2.2. Bring identified systemic problems to the appropriate Lead Agent or MTF point of contact to address.

E2.2.2.3. Analyze, research, and resolve TRICARE inquiries, regardless of how they were received; i.e., written, telephonic, and/or electronic (e-mail).

E2.2.2.4. Provide information and assistance based on personal, written, or telephone inquiries and address inpatient and outpatient care based on TRICARE program elements.

E2.2.2.5. Maintain statistical data and generate reports to Lead Agent Directors and/or MTF Commanders on workload volume and categories of issues they encountered.

E2.2.2.6. Use information gleaned from reports to make suggestions for developing and marketing beneficiary education efforts to improve understanding of issues.

E2.2.2.7. Maintain formal documentation process for tracking problem resolution.

E2.2.2.8. Ensure external communications are consistent with the strategies and objectives established by Lead Agents.

E2.3. CONTACTS REQUIRED FOR BCAC DUTIES

BCACs shall:

E2.3.1. Facilitate ongoing, appropriate, and effective communication with Lead Agent Offices, MTF BCACs, TRICARE Service Centers (TSCs), MCSCs, and others when coordinating on and resolving issues.

E2.3.2. Coordinate with staff subject matter experts on issues, as necessary.

E2.3.3 Keep the military chain of command, the Services, and TMA informed of ongoing issues and special cases.

E2.3.4. Maintain a continuing cooperative relationship with various agencies, including Offices of the Lead Agent; the Service Surgeon General offices; MTFs, TSCs, MCSC regional and corporate offices; TRICARE Management Activity; Social Security Administration; Centers for Medicare and Medicaid Services; Department of Veterans Affairs; Dental Agencies; Fiscal Intermediaries and/or Claims Processing Offices; and Congressional field offices.

E2.4. CLAIMS ASSISTANCE

BCACs shall:

E2.4.1. Provide or directly communicate information on healthcare services that TRICARE covers and excludes and convey how these benefits and policies integrate with other healthcare sources.

E2.4.2. Explain a beneficiary's costs and responsibilities when enrolling in TRICARE Prime or accessing services under the TRICARE Extra or Standard options.

E2.4.3. Help beneficiaries understand the TRICARE claims process, including information on resolving unpaid healthcare claims, pre-authorization requirements, and third-party liability.

E2.4.4. Help resolve DEERS eligibility and enrollment problems.

E2.5. APPEALS AND GRIEVANCES

E2.5.1. Lead Agent BCACs shall:

E2.5.1.1. Handle issues received from beneficiaries, MTFs, or TSCs that staff there has not been able to resolve.

E2.5.1.2. Work directly with beneficiaries who feel they have exhausted the MHS/MCSC system and/or have become dissatisfied with services they received.

E2.5.2. BCACs shall:

E2.5.2.1. Explain appeals and grievance procedures and advise beneficiaries on the appropriate use of these procedures.

E2.5.2.2. Refer cases to points of contact that can provide detailed and specific information on how to access TRICARE services and what steps beneficiaries can take if not satisfied with services received.

E2.6. KNOWLEDGE AND SKILLS

The Lead Agent BCAC requires the following:

E2.6.1. Expert knowledge of the TRICARE program policies and reference manuals.

E2.6.2. In-depth knowledge, experience, and training to handle and solve complex issues that arise when addressing healthcare benefits.

E2.6.3. Tact, diplomacy, and restraint in counseling and explaining entitlements, benefits, and responsibilities to all beneficiaries.

E2.6.4. Understanding of the MHS and TRICARE program elements.

E2.6.5. Mastery of oral and written communication skills and customer service principles, methods, practices, and techniques and analytic methods, including using research tools, analysis, and interpersonal relations practices.

E2.6.6. Practical knowledge and understanding of TRICARE contract language, regional healthcare issues and initiatives, and other Federal health benefits programs.

E2.6.7. Knowledge of basic principles and practices relating to the entire military healthcare delivery system.

E2.6.8. Knowledge of TRICARE healthcare claims processing regulations, procedures, and policies to ensure payment of legitimate claims.

E2.6.9. Knowledge of region-specific TRICARE contracts relating to authorized benefits and requirements needed to obtain healthcare.

E2.7. COMPLEXITIES ASSOCIATED WITH THE BCAC POSITION

The BCAC shall:

E2.7.1. Have a thorough understanding of the TRICARE benefit, related regional contracts, and MTF and/or Service-specific regulations, including practical knowledge of TRICARE special benefit programs and general understanding of the MHS.

E2.7.2. Remain abreast of continual updates/changes to the variety of health benefits programs available to beneficiaries at the appropriate OASD(HA), TMA, regional, and MTF level.

E2.7.3. Be able to organize, prioritize, complete, and track multiple complaints, issues, and projects.

E2.7.4. Exercise a great deal of initiative, independence, and considerable judgment in interpreting issues and adapting existing practices and precedents, using these skills when developing approaches that integrate all aspects of TMA's objectives to establish a unified beneficiary services program.

E2.7.5. Prioritize and reconcile benefit issues, working through different sources/agencies.

E2.7.6. Use Guidelines and Regulations that are often complex and under continuous change, cover many different programs, and may require extensive interpretive judgment.

E2.8. RESOURCES AVAILABLE TO BCACs

E2.8.1. The BCACs most frequently use OASD(HA)/TRICARE policy and program documents, managed care support contracts, DoD documents, Directives, Manuals, and Service-level instructions. They also use:

E2.8.1.1. General policy statements and statutory mandates, such as general guidance in DoD Instructions pertaining to correspondence.

E2.8.1.2. Applicable TMA Operations and Policy Manuals, including the appropriate Code of Federal Regulations.

E2.8.2. MTF Commanders shall define, under the guidance of their respective Military Departments, specific details regarding MTF BCAC roles and responsibilities.

E2.9. OPERATIONAL ACTIVITIES PERFORMED BY BCACs

E2.9.1. The BCAC, whom the beneficiary contacts, assumes responsibility for the issue and/or inquiry from the time of initial contact until the issue is resolved.

E2.9.2. BCACs shall assign a case identifier to each beneficiary case, using a Service and/or TMA-developed database or program. BCACs shall track cases, categorizing caseload by data elements and timeliness of resolution.

E2.9.2.1. After the Lead Agent BCAC assigns a case identifier and the data is entered, BCACs shall determine whether the issue shall be resolved at the Lead Agent or other level, i.e., MTF, Services, TMA, or MCSC, forwarding appropriate cases as necessary. MTF's BCACs shall follow these same procedures.

E2.9.2.2. Lead Agent BCACs shall annotate confirmation of case acceptance and identification of the responsible action point of contact for cases referred out to others. MTF Commanders and MTF BCACs shall develop internal processes to ensure tracking of all cases.

E2.9.2.3. Lead Agent BCACs shall assist and ensure cases referred to other action offices meet identified resolution timeline requirements. MTF Commanders and MTF BCACs shall establish internal procedures to achieve the same result.

E2.9.3. BCACs shall comply with case completion time requirements as follows: Resolve "Priority" cases, i.e., those cases forwarded on behalf of a beneficiary by OASD(HA), TMA, members of Congress or those otherwise designated as Priority by the Lead Agent/MTF Commander, within ten (10)-calendar days. Resolve Routine issues within thirty (30)-calendar days. BCACs may modify the established case resolution timelines to meet compliance standards.

E2.10. CASE CLOSURE

The BCAC accepting a specific case shall notify the beneficiary of case closure and determine beneficiary satisfaction with case outcome via an oral, written, or automated process.

E2.11. COORDINATION

BCACs are responsible for coordinating data and generating reports on beneficiary issue caseloads.

E2.11.1. Lead Agent and MTF BCACs shall provide data input based on established methodology to support MHS-wide reporting. TMA (Communications and Customer Service) will create and distribute regional and Service-specific reports, based on data input received through coordination with the Services.

E2.11.2. Lead Agent BCACs shall generate regional or MTF-specific ad hoc reports as required by Lead Agent Directors and/or MTF Commanders to meet specific needs.